



State of California—Health and Human Services Agency
Department of Health Care Services



Gavin Newsom
GOVERNOR

July 30, 2019

Mr. Richard C. Allen, Director
Western Regional Operations Group
Centers for Medicare & Medicaid Services
San Francisco Regional Office
90 Seventh Street, Suite 5-300 (5W)
San Francisco, CA 94103-6707

STATE PLAN AMENDMENT 19-0020: ONE-YEAR REIMBURSEMENT RATE ADD-ON
FOR GROUND EMERGENCY MEDICAL TRANSPORT SERVICES

Dear Mr. Allen:

The California Department of Health Care Services (DHCS) is submitting the enclosed State Plan Amendment (SPA) 19-0020 documents for your review and approval. SPA 19-0020 will seek the continuation of an add-on to the fee-for-service (FFS) reimbursement rate on all qualified ground emergency medical transports (GEMT) provided to Medi-Cal patients. The GEMT Quality Assurance Fee Program is a result of Senate Bill 523 (Chapter 773, Statutes of 2017), which was chaptered on October 13, 2017.

Providers will continue to receive the \$220.80 add-on to their FFS reimbursement schedules for each transport provided to Medi-Cal beneficiaries. The following service codes are qualified for the add-on:

- A0225 - Neonatal Emergency Transport
- A0429 - Basic Life Support
- A0427 - Advanced Life Support, Level 1
- A0433 - Advanced Life Support, Level 2
- A0434 - Specialty Care Transport

The following SPA documents are enclosed for your review and approval:

- HCFA 179 – Transmittal and Notice of Approval of State Plan Material
- Supplement 29 to Attachment 4.19-B (clean version)
- Supplement 29 to Attachment 4.19-B (redline version)
- Medicaid Funding Questions

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A Notice of Public Interest regarding the one-year reimbursement rate add-on for GEMT services program was published on the DHCS webpage on April 26, 2019. Tribal notice for this SPA was provided on May 29, 2019, during the DHCS quarterly Medi-Cal Indian Health webinar.

If you have any questions or need additional information, please contact Ms. Connie Florez, Chief, Fee-For-Service Rates Development Division, at (916) 552-9600.

Sincerely,



Mari Cantwell
Chief Deputy Director
Health Care Programs
State Medicaid Director

Enclosures

cc: Ms. Jacey Cooper
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TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES		1. TRANSMITTAL NUMBER <div style="text-align: center; font-family: monospace;">1 9 — 0 0 20</div>	2. STATE California
		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT	
TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE & MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE July 1, 2019	
5. TYPE OF PLAN MATERIAL (<i>Check One</i>) <div style="display: flex; justify-content: space-between; margin-top: 10px;"><input type="checkbox"/> NEW STATE PLAN<input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN<input checked="" type="checkbox"/> AMENDMENT</div>			
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (<i>Separate transmittal for each amendment</i>)			
6. FEDERAL STATUTE/REGULATION CITATION Title 42 CFR 447 Subpart F		7. FEDERAL BUDGET IMPACT a. FFY 2018 \$ <u>\$4,809,054</u> b. FFY 2019 \$ <u>\$14,427,163</u>	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Supplement 29, Attachment 4.19-B, pages 1-2		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (<i>If Applicable</i>) Supplement 29, Attachment 4.19-B, pages 1-2	
10. SUBJECT OF AMENDMENT One-year reimbursement rate add-on for ground emergency medical transports with dates of service between July 1, 2019 and June 30, 2020.			
11. GOVERNOR'S REVIEW (<i>Check One</i>) <div style="display: flex; justify-content: space-between; margin-top: 10px;"><div><input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL</div><div><input checked="" type="checkbox"/> OTHER, AS SPECIFIED</div></div>			
12. SIGNATURE OF STATE AGENCY OFFICIAL Original signature by Mari Cantwell		16. RETURN TO Department of Health Care Services Attn: Director's Office P.O. Box 997413, MS 0000 Sacramento, CA 95899-7413	
13. TYPED NAME Mari Cantwell			
14. TITLE State Medicaid Director			
15. DATE SUBMITTED July 30, 2019			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED		18. DATE APPROVED	
PLAN APPROVED - ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL		20. SIGNATURE OF REGIONAL OFFICIAL	
21. TYPED NAME		22. TITLE	
23. REMARKS For Box 11 "Other, As Specified," Please note: The Governor's Office does not wish to review the State Plan Amendment.			

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE: CALIFORNIA

**ONE-YEAR REIMBURSEMENT RATE ADD-ON FOR GROUND EMERGENCY
MEDICAL TRANSPORT SERVICES****Introduction**

This program provides increased reimbursement to ground emergency medical transport providers by application of an add-on to the Medi-Cal fee-for-service (FFS) fee schedule base rates for eligible emergency medical transportation services. The reimbursement rate add-on will apply to eligible Current Procedural Terminology (CPT) Codes, as described below, effective July 1, 2018 through June 30, 2019 and July 1, 2019 through June 30, 2020. The base rates for emergency medical transportation services will remain unchanged through this amendment.

“Emergency medical transport” means the act of transporting an individual from any point of origin to the nearest medical facility capable of meeting the emergency medical needs of the patient by an ambulance licensed, operated, and equipped in accordance with applicable state or local statutes, ordinances, or regulations, excluding transportation by an air ambulance provider, that are billed with CPT Codes A0429 BLS Emergency, A0427 ALS Emergency, A0433 ALS2, A0434 Specialty Care Transport, and A0225 Neonatal Emergency Transport. An “emergency medical transport” does not occur when, following evaluation of a patient, a transport is not provided.

Methodology

For State Fiscal Year (SFY) 2018-19, the reimbursement rate add-on is fixed for SFY 2018-19. The resulting payment amounts are equal to the sum of the FFS fee schedule base rate for the SFY 2015-16 and the add-on amount for the CPT Code. The resulting total payment amount for CPT Codes A0429, A0427, and A0433 is \$339.00. The add-on is paid on a per-claim basis.

For SFY 2019-20, the reimbursement rate add-on is fixed. The resulting payment amounts are equal to the sum of the FFS fee schedule base rate for the SFY 2015-16 and the add-on amount for the CPT Code. The resulting total payment amount for CPT Codes A0429, A0427, A0433, and A0434 is \$339.00, and for CPT Code A0225 is \$400.72. The add-on is paid for each eligible CPT Code on a per-claim basis.

TN: 19-0020

Supersedes

TN: 18-004

Approval Date: _____

Effective Date: July 1, 2019

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE: CALIFORNIA

Service Code	Description	Current Payment*	Add On Amount	Resulting Total Payment
A0429	Basic Life Support, Emergency	\$118.20	\$220.80	\$339.00
A0427	Advanced Life Support, Level 1, Emergency	\$118.20	\$220.80	\$339.00
A0433	Advanced Life Support, Level 2	\$118.20	\$220.80	\$339.00
A0434	Specialty Care Transport	\$118.20	\$220.80	\$339.00
A0225	Neonatal Emergency Transport	\$179.92	\$220.80	\$400.72

*These are the base rates associated with these codes, but are subject to further adjustments pursuant to the State Plan.

The resulting total payment amount as listed in the table above for the applicable CPT Code is considered the Rogers rate, which managed care organizations shall pay noncontract managed care emergency medical transport providers consistent with Section 1396u-2(b)(2)(D) of Title 42 of the United States Code, for each state fiscal year the FFS reimbursement rate add-on is effective.

TN: 19-0020
 Supersedes
 TN: 18-004

Approval Date: _____

Effective Date: July 1, 2019